

United States Government

Department of Energy  
Oak Ridge Operations Office

# memorandum

DATE: July 7, 2000

REPLY TO

ATTN OF: AD-442:Mason

SUBJECT: **LEAVE DONATION SOLICITATION FOR DEMETRIUS E. FOWLER**

TO: All ORO and OSTI Employees

Mr. Demetrius E. Fowler, an Engineer at the Oakland Operations Office, has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Mr. Fowler has multiple sclerosis which has progressed to the point that he is unable to continue working. In order to focus on maintaining and improving his health, Mr. Fowler has decided to apply for disability retirement. However, the approval process is expected to take several months, and Mr. Fowler has exhausted his sick and annual leave balances.

Employees who wish to donate earned annual leave to Mr. Fowler may do so by completing the "Leave Donation Form" on the reverse side of this announcement. When completed, this form should be given to your time and attendance representative for forwarding to the Payroll Office. In addition, please fax a copy to Clifford A. Shaw, Employee Relations Specialist, Oakland Operations Office, at (510) 637-2008. **Note:** If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
2. The maximum annual leave donation by an employee is limited to one half the number of hours the donating employee will earn in the current leave year. (26-day category - 104 hours; 20-day category - 80 hours; 13-day category - 52 hours).

If you should have any questions, please contact your Personnel Management Specialist.

Melanie M. Kent, Acting Chief  
Personnel and Management  
Analysis Branch

Attachment

DOE F 3630.1  
(07-89)  
Replaces DOE F (3660.1)

U.S. DEPARTMENT OF ENERGY  
**LEAVE DONATION**

*(Submit completed and signed original form to your timekeeper)*

Donor's Name (*Last, First, M.I.*)

SSN

Donor's Organization

Recipient's Name

Recipient's Organization

**Demetrius E. Fowler**

**Engineering & Facilities Management Division  
Oakland Operations Office**

For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office

I hereby authorize the transfer of \_\_\_\_\_ hours of my annual leave to the above named leave recipient, I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account). \_\_\_\_\_

**FOR PAYROLL USE**

\_\_\_\_\_ hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

\_\_\_\_\_  
Signature of Payroll Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_ hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

\_\_\_\_\_  
Signature of Payroll Clerk

\_\_\_\_\_  
Date

Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

\_\_\_\_\_  
Signature of Payroll Clerk

\_\_\_\_\_  
Date

**Privacy Act Statement**

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.